

Name  
in  
Full

Paul E. Buckingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>Paul E. Buckingham</del> Town		County		MARYLAND								
Date of death	1980	Month	3.	Day	1	Years	11	Months	3	Days	23	
Sex	Male	Color or Race	white	Birth-place	Maryland near Daniel Rd							
Occupation	Farming -											
Married, Single or Widowed	Single	Name of Wife or Husband	Where Residing if not at place of death									
Father's Name	Chas St. Buckingham			Father's Birthplace	Carroll Co. Md.							
Mother's Maiden Name	Rosanna St. McElroy (deceased)			Mother's Birthplace	- - - -							
Name of person giving Information	Paul E. Buckingham			How related to deceased	Pister							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gripp

10

How long

about 3 weeks

Immediate

Acute Nephritis Uremia

How long

about 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

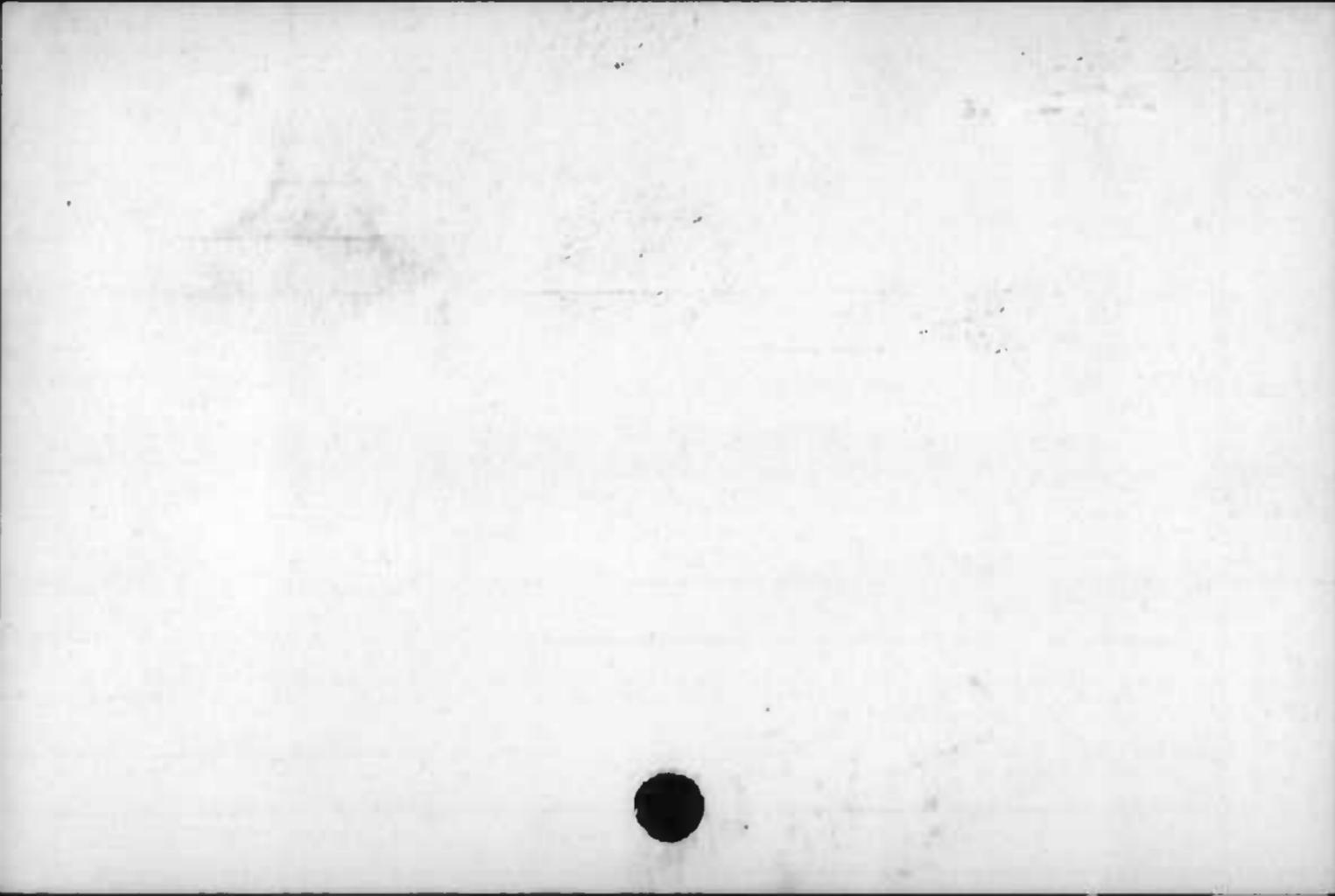
E D Brock

Address

Winfield

Carroll Co.

Accident or Suicide?



Name  
in  
Full

Ruth Caltiader

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Maple Grove County Carroll  
Date of death 1960 Month 3 Day 30 Years 87 Months 7 Days 2  
Sex Female Color or Race White  
Occupation Housewife Where Residing if not at place of death  
Married, Single or Widowed widow Name of Wife or Husband Joshua Caltiader  
Father's Name John Price Father's Birthplace Carroll Co  
Mother's Maiden Name Catherine Caltiader Mother's Birthplace Carroll Co  
Name of person giving Information Wesley Frank How related to deceased None

PHYSICIAN  
OR CORONER

Primary

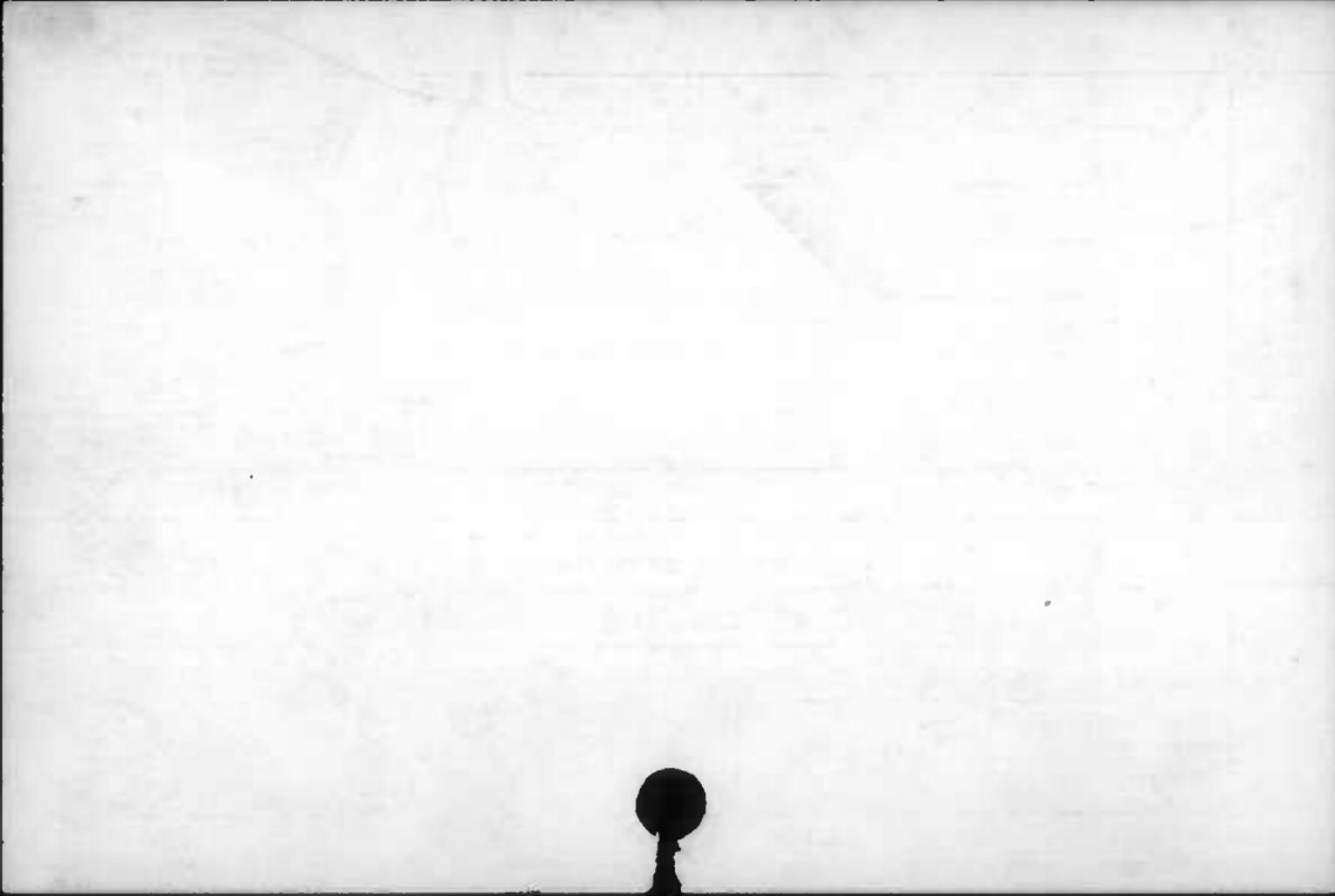
Causes of Death  
Primary: Chronic Ulcerative Stomach How long Decades  
Immediate: Gastric Bleeding How long 5 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

<i>John H. Conaway.</i>						CERTIFICATE OF DEATH	
Died at <i>Bennett.</i>		Town <i>Bennett.</i>	County <i>Carroll</i>		MARYLAND		
Date of death <i>1940</i>	Month <i>3</i>	Day <i>3</i>	Age <i>77</i>	Years <i>77</i>	Months <i>5</i>	Days <i>6</i>	
Sex <i>Male</i>	Color or Race <i>White</i>			Birth- place <i>Maryland</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Bennett Md -</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife - Husband <i>Ruth A. E. Chieley -</i>						
Father's Name <i>Reuben Conaway -</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Susanna Loeffel</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Ruth A. E. Conaway</i>			How related to deceased <i>Wife.</i>				
CAUSES OF DEATH							
Primary <i>Griff</i>			How long <i>3 weeks</i>		(10) ✓		
Immediate <i>Pneumonia</i>							
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>E. D. Brunk</i>			
				Address <i>Winfield Carroll Co.</i>			
Accident or Suicide?							

Elmwood

Name  
in  
Full

Arthur A Gross

20585  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Westminister

Town

Date of death 1980 Month March Day 31

County

Baltimore

MARYLAND

Age 71

Months 7

Sex Male

Color or  
Race

Black

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John J Gross

Father's  
Birthplace

MD

Mother's  
Maiden Name

Eva McElroy

Mother's  
Birthplace

"

Name of person giving  
Information

John J Gross

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Neonatal sepsis  
exhaustion

FST

How long

24

How long

2 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Henry W. Fighugh Jr.  
110 E. Main St. Westminster  
Maryland

Accident or Suicide

No.

PHYSICIAN  
OR CORONER

H

Ellsworth Comm  
Shaver

Name  
in  
Full

Catharine Bruse

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at Henryton Town Carroll County  
Date of death 19 Month Mar Day 30 Years 77 Months — Days —  
Sex Female Color or Race white Birth-place Germany  
Occupation Housewife Where Residing if not at place of death  
Married, Single or Widowed widow Name of Wife or Husband Charles Bruse (dead)  
Father's Name Don't know Father's Birthplace Germany  
Mother's Maiden Name Don't know Mother's Birthplace Germany  
Name of person giving Information John P. Nee How related to deceased Son

CAUSES OF DEATH

Primary

Nephritis (chronic)

120 ✓

How long

2 years

Immediata

Exhaustion from Bedsores

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

David B. Sprecher  
Sykesville  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Charles G. Disney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Springfield State Hosp. by Keeville  
Town Month Day

County  
Carroll

MARYLAND

Date of death 190 Month Day Age Years

Months Days

Sax Male

Color or Race  
white

Birth-place Maryland

Occupation

Laborer

Where Residing if not  
at place of death

at place of death.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Unknown

Father's Name

Snowden Disney

Father's Birthplace

Maryland

Mother's Maiden Name

Amelia Bell

Mother's Birthplace

Maryland

Name of person giving  
Information

Hospital Record.

How related  
to deceased

CAUSES OF DEATH

Primary

General Paroxysm

67

How long

About 4 yrs & 6 mo?

How long

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

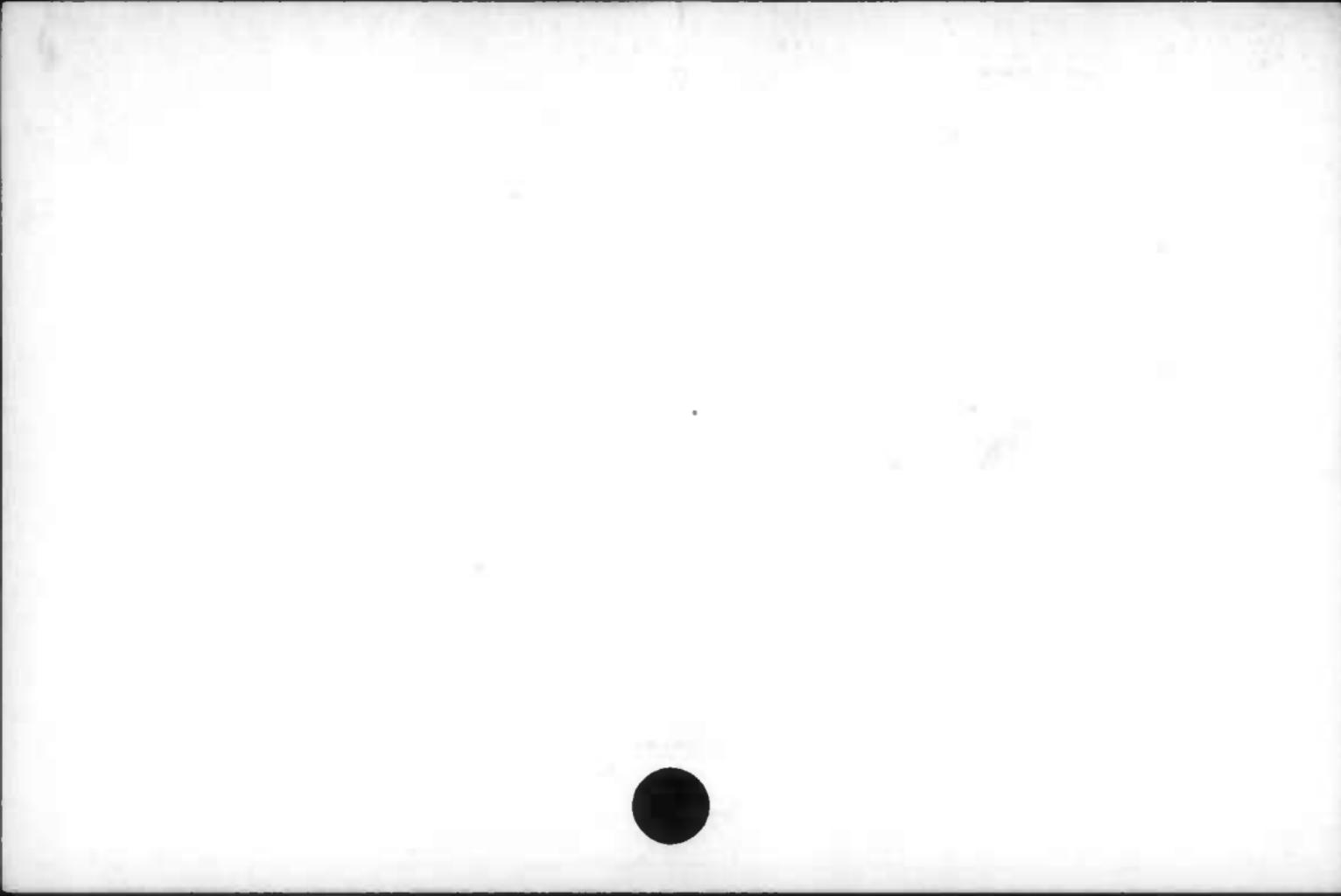
Address

Alex P. Harrison

Springfield State Hospital  
by Keeville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Evelyn Floyd  
Town  
New Marlboro  
County  
Carroll

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Month		Day	Years	Months	Days
Date of death 1940	Month	8	Age	1	8	10	
Sex Female	Color or Race	White		Birth-place		Howard Co.	
Occupation None	Where Residing if not at place of death		At home				
Married, Single or Widowed	Name of wife or husband						
Father's Name Wm. J. Floyd					Father's Birthplace	Ohio	
Mother's Maiden Name Alice V. Garrison					Mother's Birthplace	Carroll Co.	
Name of person giving information	Laurie Garrison				How related to deceased	J. Factor	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

V

Immediate

Effects of same

How long

5 1/2 days

Are the name, age, sex, color, date and place correctly given above?

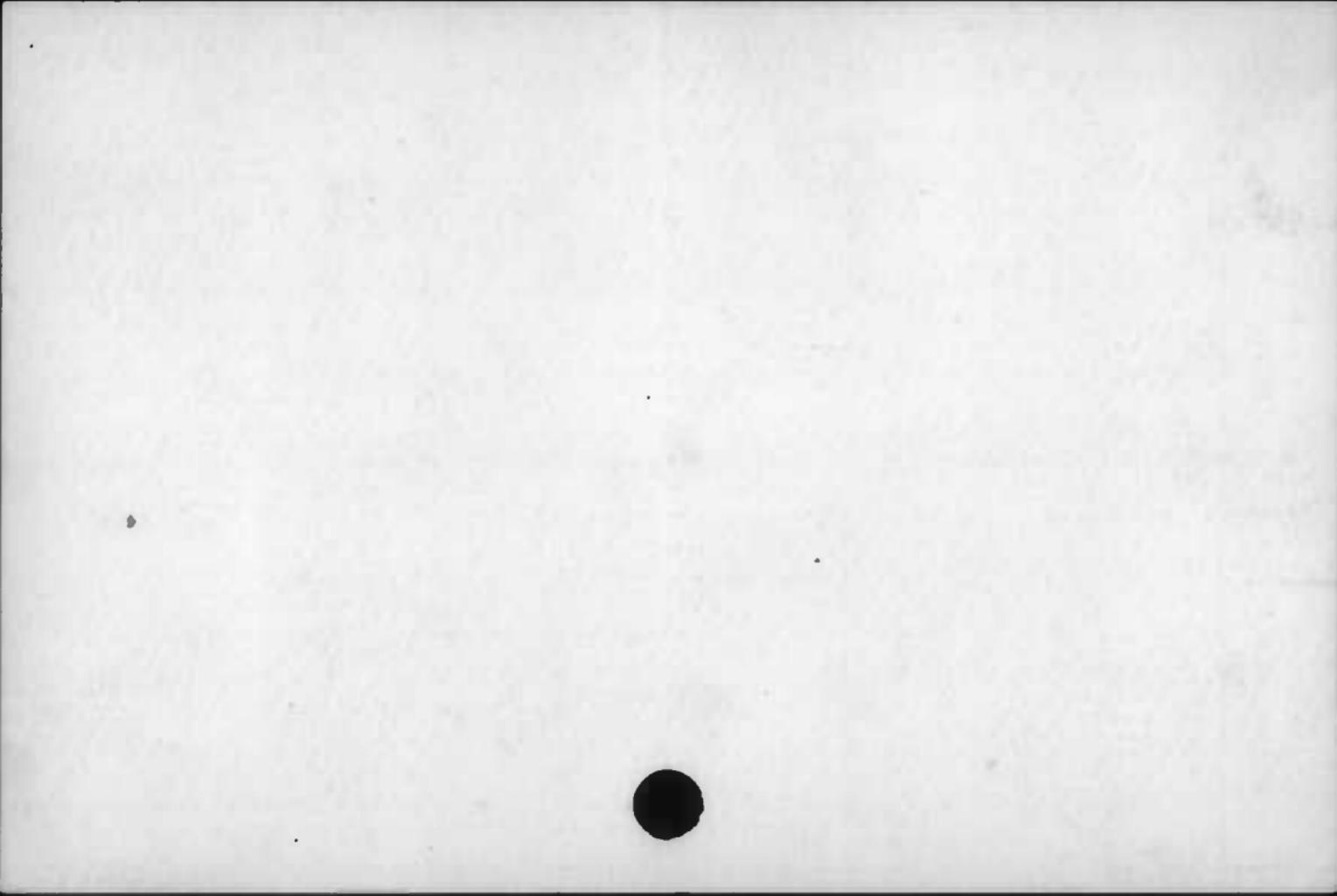
Signature of Physician

Address

C. H. Hefner  
Lykensville  
Md.

H

Incident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Fannie May Fogle  
Died near Darytown Town Carroll

CERTIFICATE OF DEATH

MARYLAND

Died 1940 Month Mar Day 15 Age 40 Months 8 Days 24  
Sex Female Color or Race white Birth-place Frederick Co.

Occupation House-wife Where Residing if not  
at place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name John W. Burnin

Mother's Maiden Name Mary C. Bruchey

Name of person giving Information

Father's Birthplace Frederick Co.

Mother's Birthplace Frederick Co.  
How related to deceased Sister

CAUSES OF DEATH

Primary Chronic Nephritis

120

How long

6 mo -

Immediate Uremic Coma

How long  
24 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

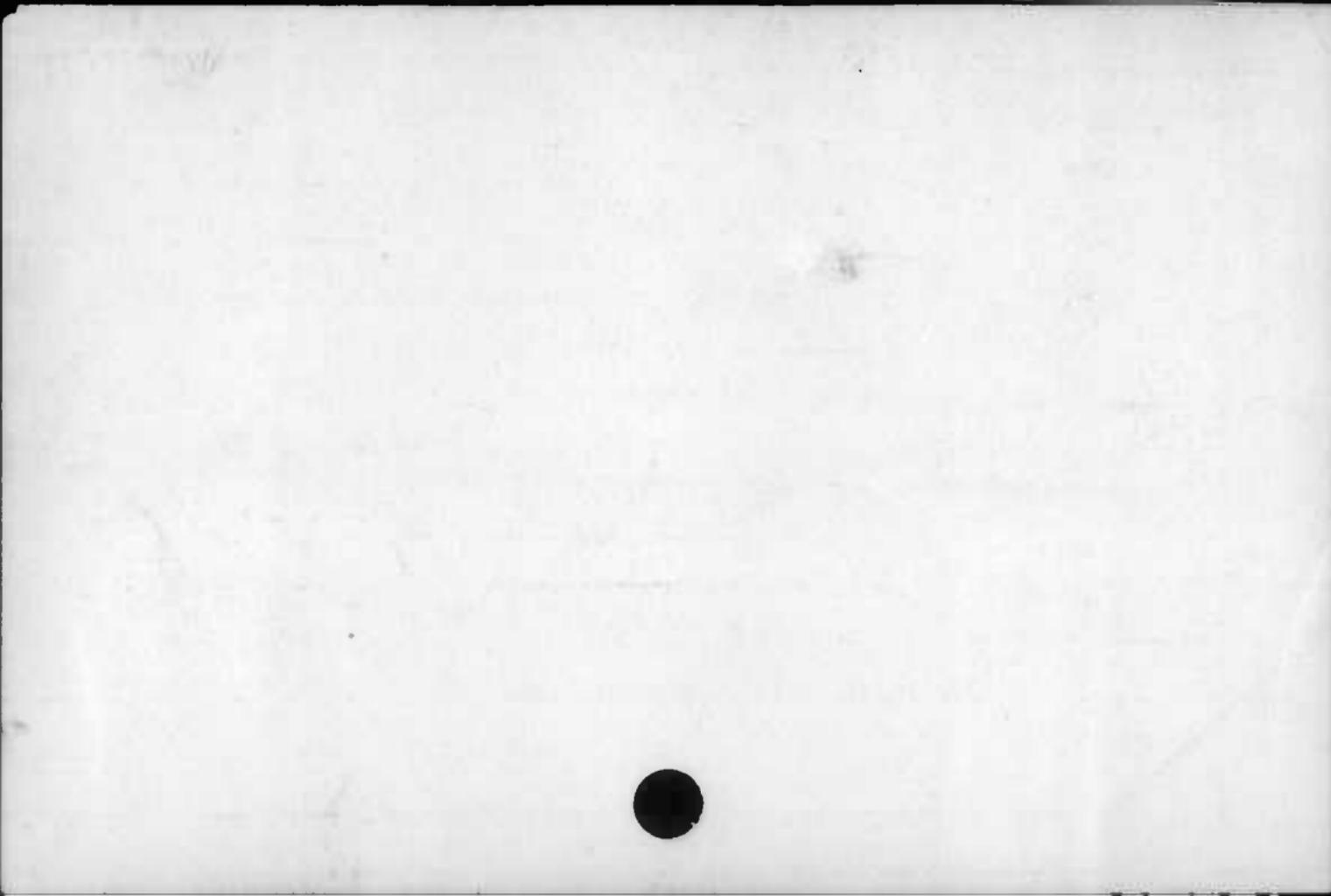
Address

Chandos M. Bennett

Darytown

Md.

Accident or Suicide?



Name  
in  
Full

Francauah Fogle

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1910	Month Mar	Day 12	Years Age 66	Months 4	Days 21	
Sex	Female	Color or Race	white	Birth-place	Carroll, Co, Md		
Occupation	Housewife		Where Residing if not at place of death	same			
Married, Single or Widowed	Married	Name of Wife or Husband	Daniel R Fogle		Father's Birthplace	unknown	
Father's Name	John Billmeyer				Mother's Birthplace	unknown	
Mother's Maiden Name	Margaret Billmeyer				How related to deceased	Husband	
Name of person giving Information	Daniel R. Fogle						

CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary

Carcinoma (breast) metastatic

How long

3 yrs

Immediate

General asthenia

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. H. Legg

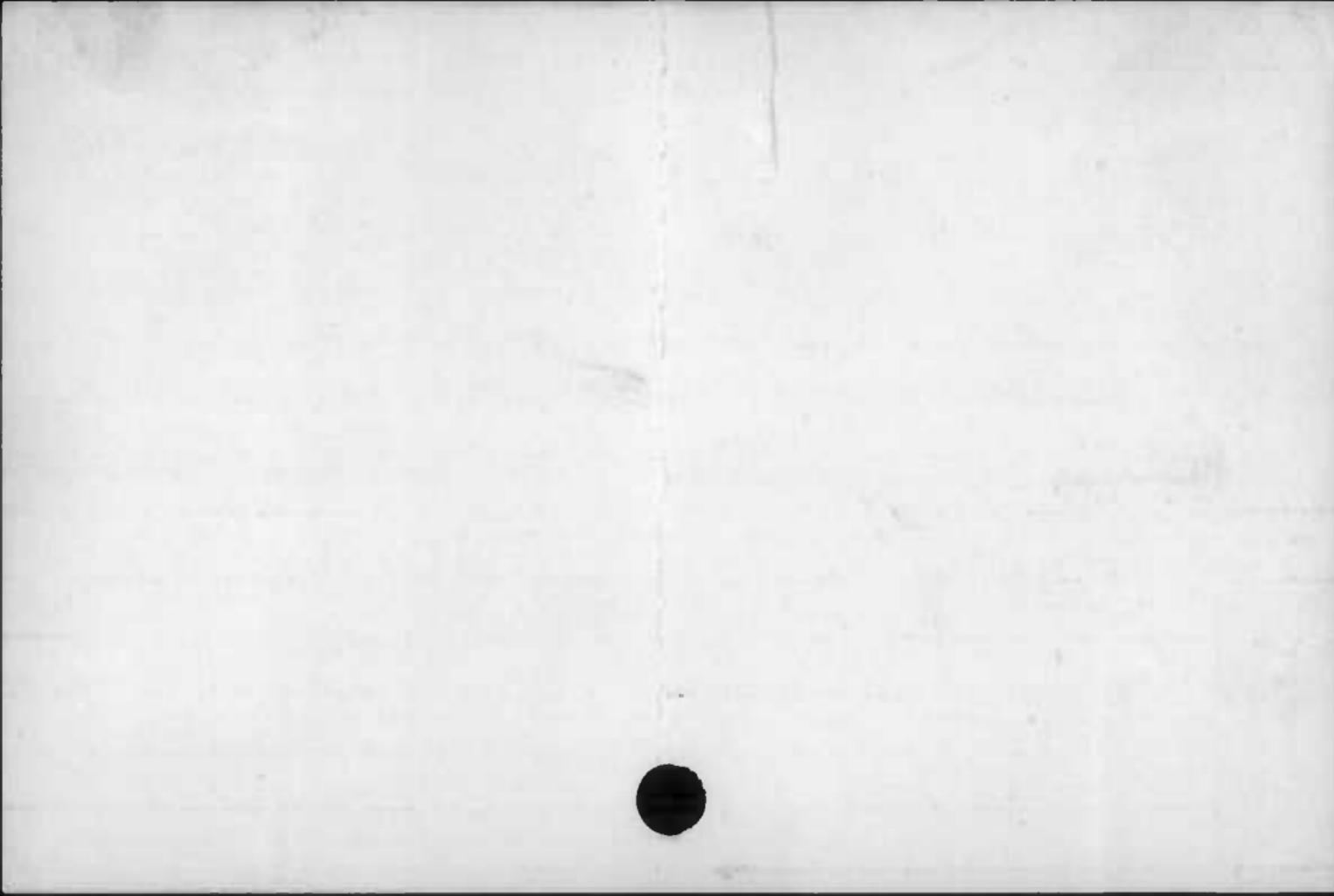
Address

Union Bridge, Md

I

Accident or Suicide?

No



Name  
in  
Full

Magdalena Fringer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Taneytown	County	MARYLAND		
Date of death	1960	Month	Day	Years	Months
Sex	Female	Color or Race	White	Age	67 10 27
Occupation	Housewife		Where Residing if not at place of death	Birth-place	Carroll Co Md
Married, <input checked="" type="checkbox"/> or Widowed	Married	Name of Wife or Husband	Michael Fringer	Father's Birthplace	Carroll Co Md
Father's Name	Benjamin Koons		Mother's Birthplace	" "	
Mother's Maiden Name	Eliza Frock		How related to deceased	Husband	
Name of person giving Information	Michael Fringer		How long	47 V	

PHYSICIAN  
OR CORONER

Primary

Pneumonia & heart disease 10 years

Immediate

Heart failure

Are the name, age, sex, color, date  
and place correctly given above?

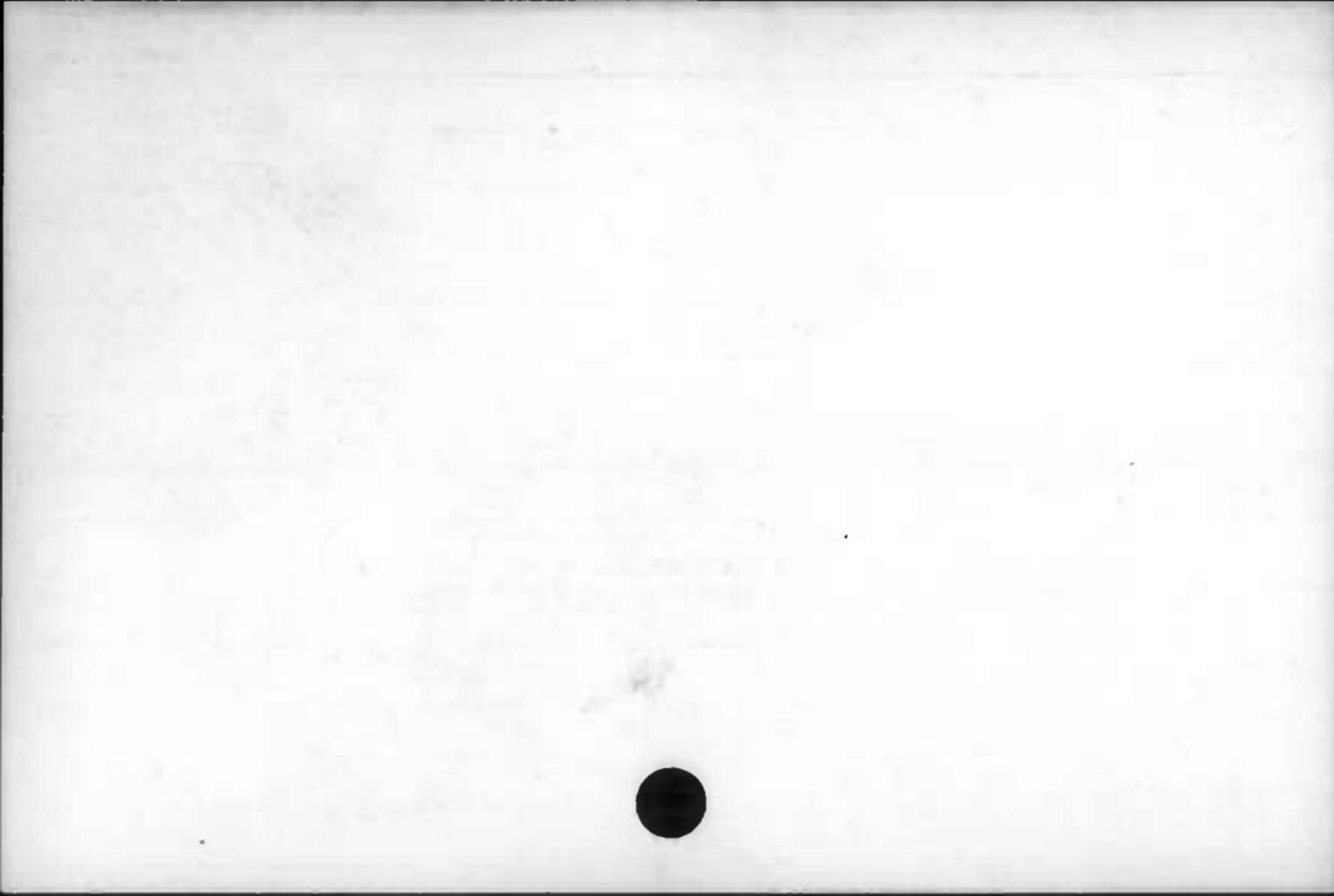
Signature of Physician

Address

G. H. Quiss, M.D.  
Taneytown

Accident or Suicide

720



Name  
in  
Full

Elizabeth Gardner

No 581  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Westminster Town Carroll County MARYLAND  
Date of death 1910 March 28 Month Day Age 81 Years Months 10 Days 18  
Sex Female Color or Race White Birth-place Maryland  
Occupation House Wife Where Residing if not at place of death  
Married, Single or Widowed Widow Name of Wife or Husband Joseph Gardner  
Father's Name Peter Ohler Father's Birthplace Maryland  
Mother's Maiden Name Mary. Weynt Mother's Birthplace do  
Name of person giving information Maie Gardner How related to deceased Daughter

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

10 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. H. Sullivan,  
Westminster, Md

Accident or Suicide

Jerrytown  
Shaver

Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

I

<i>Jane Green Bennett</i>					CERTIFICATE OF DEATH		
Died at Date of death	Town Month 3	Day 23	Age 76	County Carroll	MARYLAND		
Sex Female	Color or Race Colored			Birth- place Maryland			
Occupation Domestic	Where Residing if not at place of death Bennett Md -						
Married, Single or Widowed Never	Name of Wife or Husband Daniel Green (deceased)						
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving Information Emma Talbot				How related to deceased Niece			

CAUSES OF DEATH

79

How long

15 yrs.

How long

4 weeks

Primary

mitral insufficiency

Immediate

General Drowsy

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

ED Crank

Windfield

Carroll Co.

Accident or Suicide?

White Rock.

Name  
in  
Full

William Green  
Westmeister Corvoe

11580  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Date  
of death

Month

Day

Years

Months

Days

1910 Mar 24

Age 30

2

4

Sex

Male

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Horst Knob

Father's  
Birthplace

Mother's  
Maiden Name

Horst Knob

Mother's  
Birthplace

Name of person giving  
Information

Mr. Haubert

How related  
to deceased

more  
Stewart,

CAUSES OF DEATH

Primary

99  
How long

V

Immediate

Pulmonary Hemorrhage 3 months

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

John J. Stewart  
Westminister  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER

Ellsworth Cemetery  
Stoners, ✓

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

NO 573  
CERTIFICATE OF DEATH

Henry Guenther

Died at New Westminster

County carroll

MARYLAND

Date of death 1900 Month Mar Day 4 Age 72 Years

Months 6 Days 17

Sex male Color or Race white

Birth-place Germany

Occupation Farmer

Where Residing if not at place of death Home

Married, Single or Widowed

Married Name of Wife or Husband

Anna Catharine Guenther

Father's Name

Erhart Guenther

Father's Birthplace

Germany

Mother's Maiden Name

Wout Skrood

Mother's Birthplace

Name of person giving Information

Mrs Anna Guenther

How related to deceased

wife.

CAUSES OF DEATH

Primary

Bladder Inflammation

128

How long

2 years

Immediate

Heart Failure

How long

one month

Are the name, age, sex, color, date and place correctly given above?

✓

Signature of Physician

Address

Jas. H. Biddings, M.D.  
Westminster

W.F.

Accident or Suicide

No

PHYSICIAN  
OR CORONER

St. Beaufort's Reformed Cemetery  
Spencer

Name  
in  
Full

Rebecca Bathurst Flamburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1900	Month March	Day 13	Years 71	Months 4	Days 18
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	Housewife		Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Married	Name of Wife or Husband	John S. Flamburg			
Father's Name	Wm W. Walefield		Father's Birthplace	Md		
Mother's Maiden Name	Demonia W. Ownalt		Mother's Birthplace	Md		
Name of person giving Information	Clarence Crouse		How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

La Grippe

10

10 Days

Immediate

Pneumonia

How long

5 Days

Are the name, age, sex, color, date and place correctly given above?

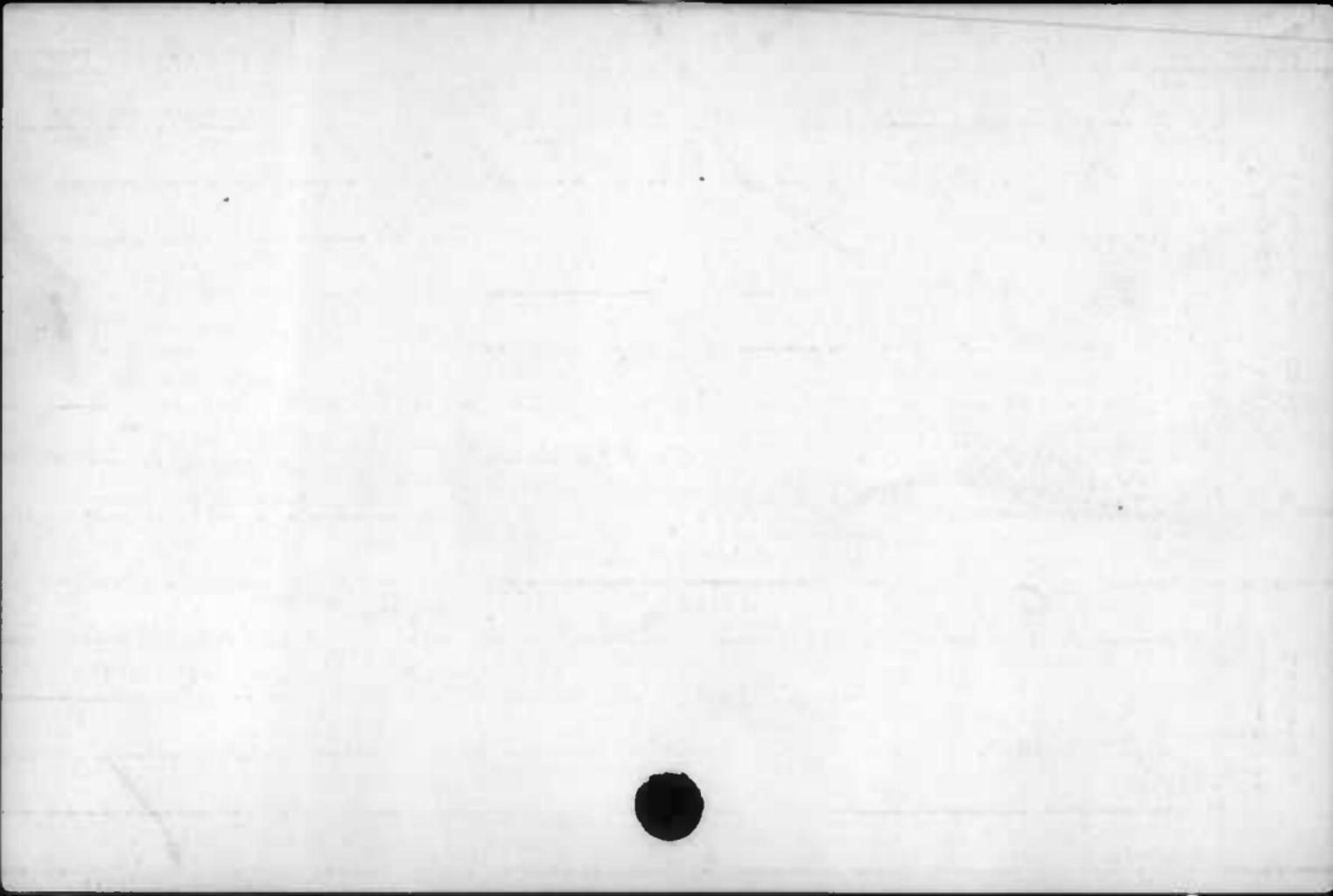
Yes

Signature of Physician

Address

Luther S. Crouse  
Ellicottown Md

Accident or Suicide?



Name  
in  
Full

Hepner, Daniel  
Town  
Sykesville

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Barrow

MARYLAND

Date

of death

Month

Day

Years

Months

Days

1940

3

21

Age

75

9

13

Sex

Male

Color or  
Race

White

Birth-  
place

Virginia

Occupation

R.R. Worker

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Martha Hepner

Father's  
Name

John Hepner

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Anna Hepner

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Valvular Heart Disease

79

How long

Immediate

Pulmonary Edema

✓

Are the name, age, sex, color, date  
and place correctly given above?

yes

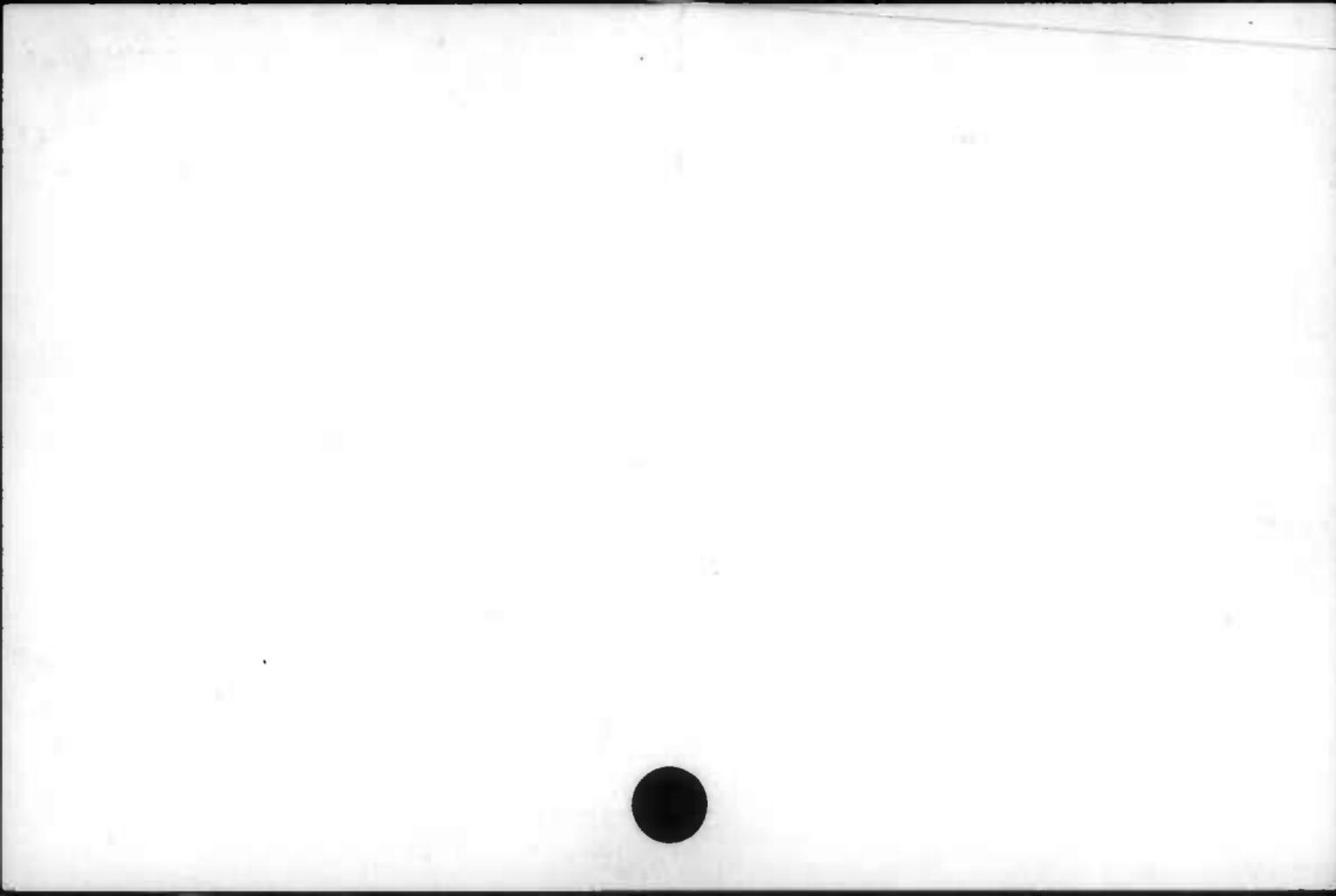
Signature of  
Physician

Address

Mrs. Anna Lucas, M.D.  
Sykesville, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

David B Hoff

No 578  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1940	March	20	64	3	2	
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Martha E Lockard	Father's Birthplace	Germany	
Father's Name	Lewis Hoff					
Mother's Maiden Name	Nassah Uyess					
Name of person giving Information	Martha E Hoff					
CAUSES OF DEATH						
Primary	Mitral Regurgitation					
Immediate	Several years					

79

How long

How long

PHYSICIAN  
OR CORONER

Yes

Signature of Physician

Address

E M. Sullivan

Accident or Suicide?

Shaver  
Sandville

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Jacob W. Hoff

Died at Sandyville		Town		County Carroll		MARYLAND	
Date of death 1960	Month March	Day 15	Age 76	Years	Months 1	Days 1	
Sex Male	Color or Race White	Birth-place Maryland					
Occupation Marketman	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Mary Weller						
Father's Name John Hoff	Father's Birthplace Germany						
Mother's Maiden Name Eliza Gardner	Mother's Birthplace Maryland						
Name of person giving information Albert Hoff	How related to deceased Son						

## CAUSES OF DEATH

93

Primary	Pneumonia	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?		
yes	Signature of Physician Address	
D.M. Sullivan, Westminster, Md.		
Accident or Suicide?		

Shaver

Sandysville

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Joseph Ezra Kiler

Town

County

Died at Inverston

Carroll

MARYLAND

Date of death 1900 March 10 Day 10 Years 46 Months 6 Days 5

Sex Male Color or Race White Birth-place Md

Occupation Labor Where Residing if not at place of death Inverston

Married, Single or Widowed Married Name of Wife or Husband Elvora Kiler

Father's Name Isaac Kiler Birthplace Md

Mother's Maiden Name Elizabeth Hooker Birthplace Md

Name of person giving information Samuel Bond How related to deceased No

CAUSES OF DEATH

188

How long

PHYSICIAN  
OR CORONER

Primary

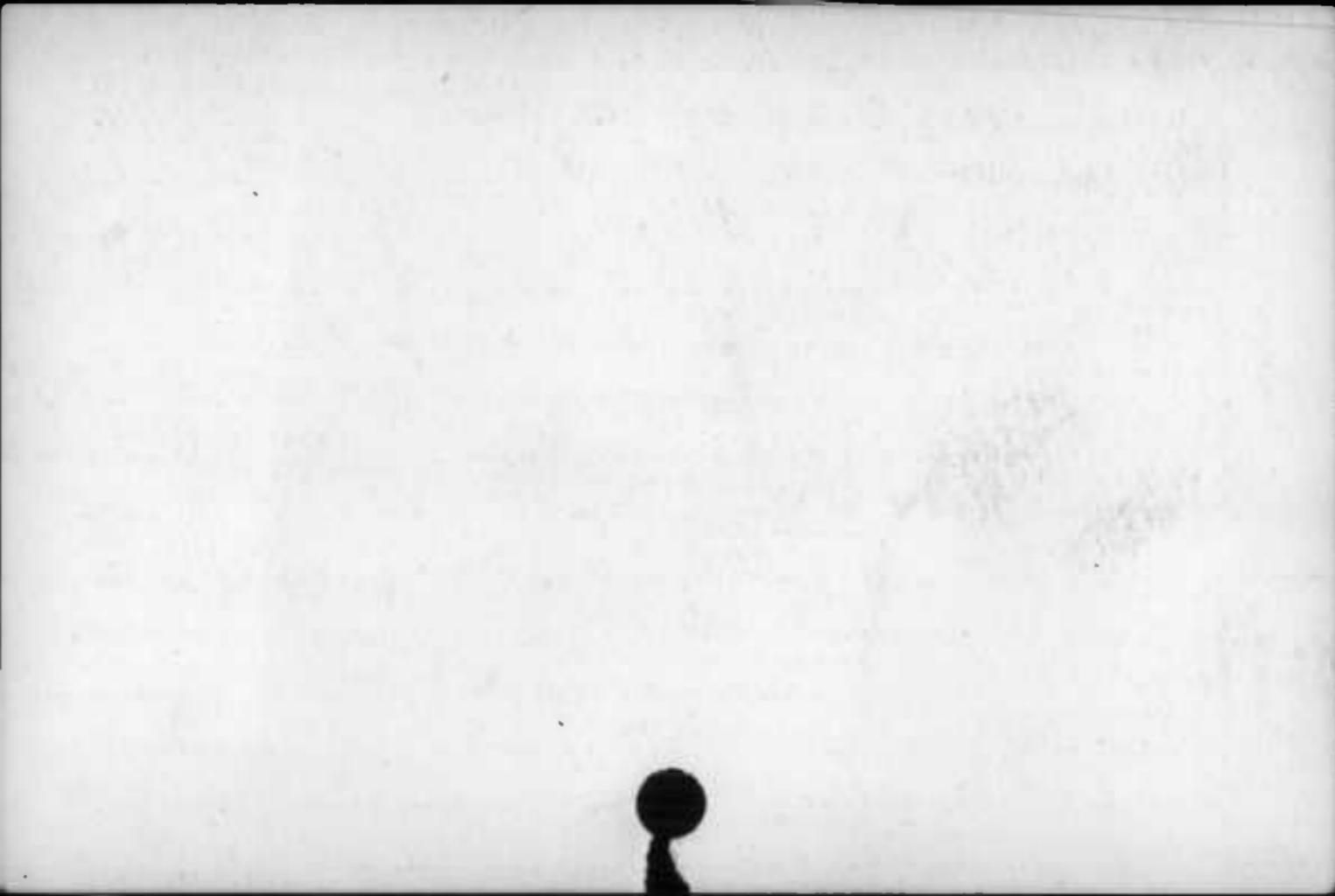
Immediate Supposed to be heart disease How long immediately

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. Edward West

Is foul play suspected Address Acting as Coroner & Justice of the Peace

An inquest unnecessary

Accident or Suicide New Windsor Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Konrad

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at Springfield Hospital		Carroll			
Date of death	Month	Day	Years	Month	Day
1980	March	12 <sup>th</sup>	Age 64		
Sex	Male	Color or Race	White	Birth-place	Bohemia
Occupation	Laborer			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown		
Father's Name	Thomas Konrad			Father's Birthplace	Bohemia
Mother's Maiden Name	Barbara Konrad			Mother's Birthplace	"
Name of person giving information				How related to deceased	

CAUSES OF DEATH

158

Primary

Presanity

How long

about 13 mth

Immediate

Suicide by drowning

How long

:

Are the name, age, sex, color, date and place correctly given above?

yes

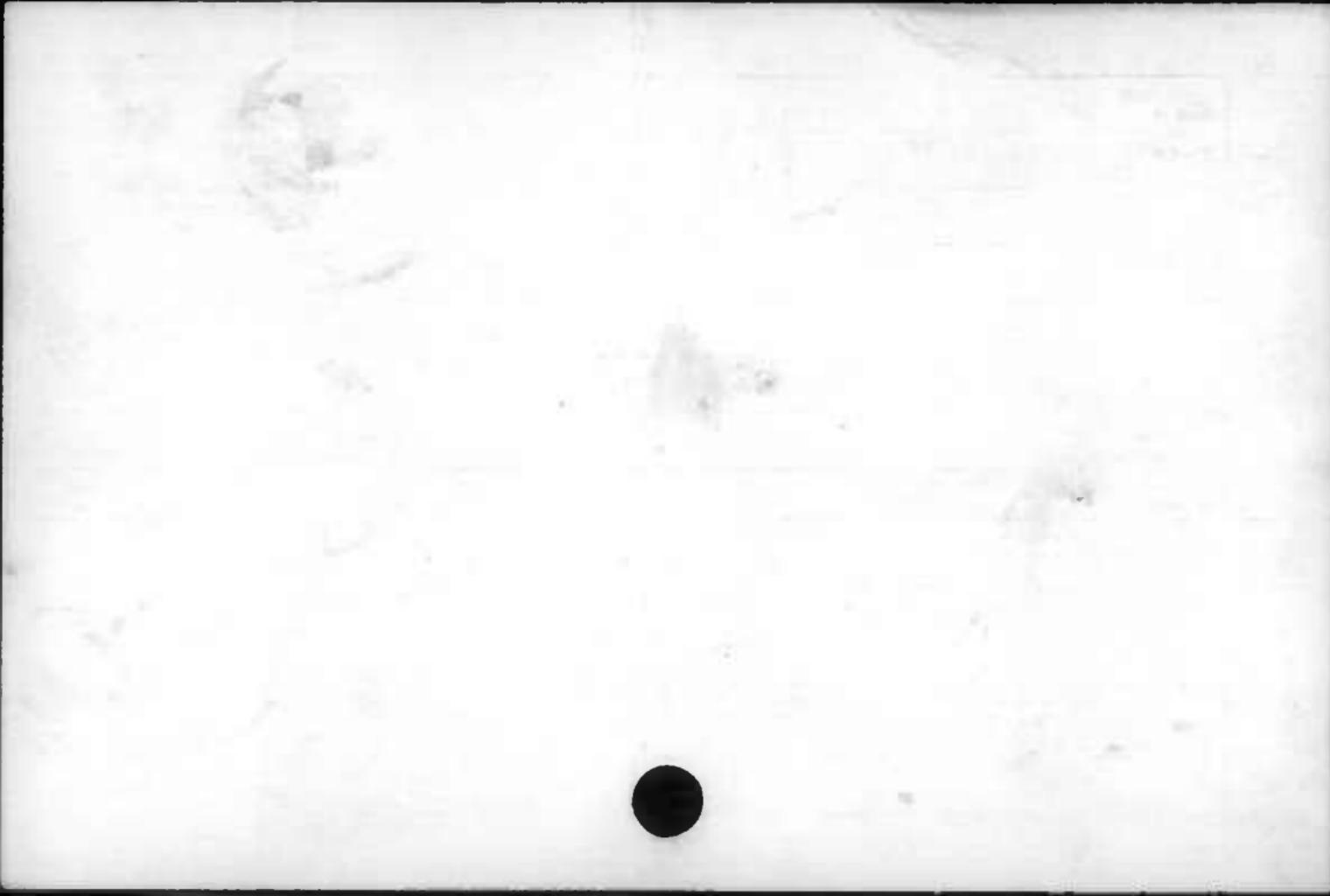
Signature of Physician

Address

Harry P. Leulay  
Coroner

Accident or Suicide

yes



Name  
in  
Full

Rachael Elizabeth Lee

CERTIFICATE OF DEATH

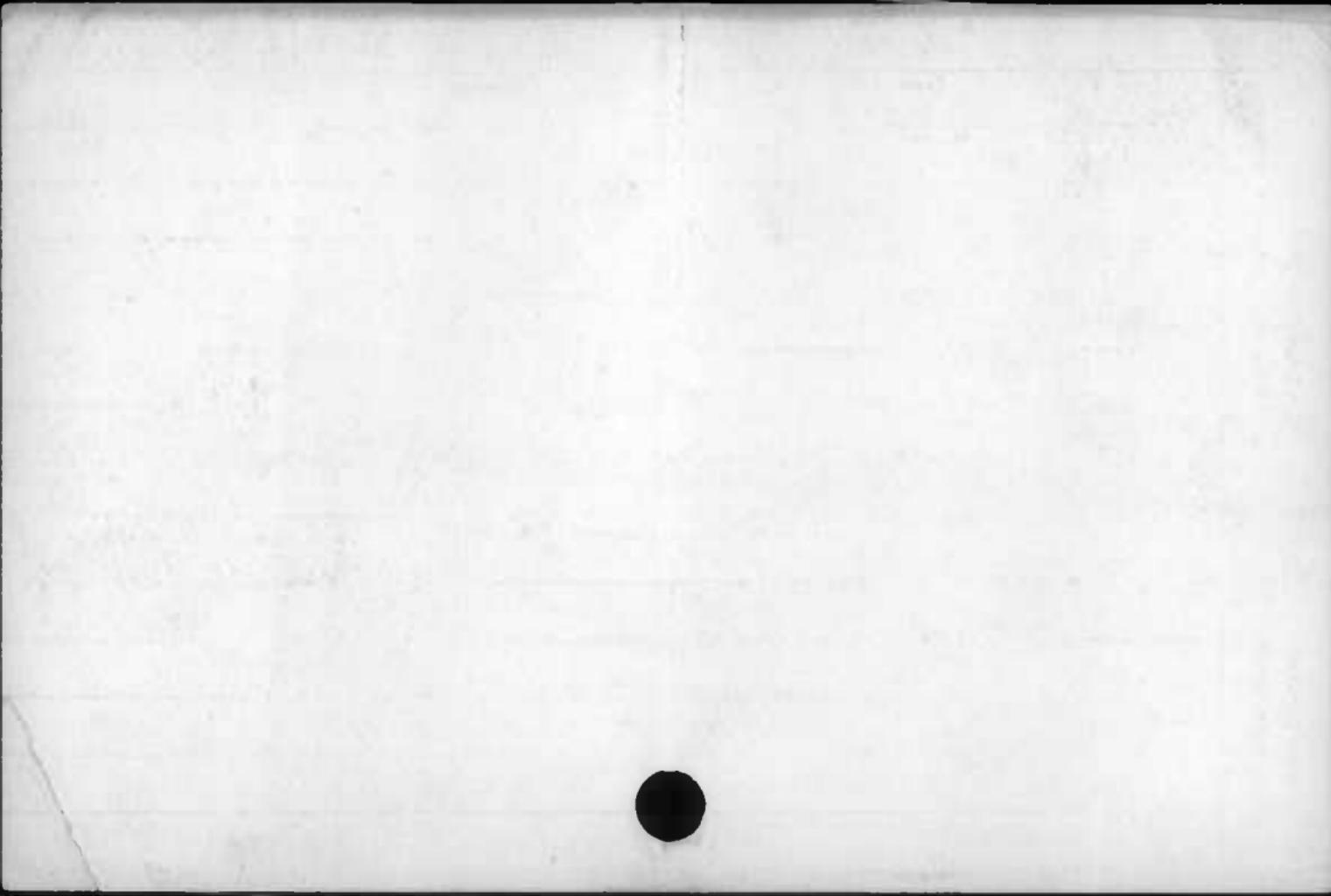
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Eldersburg	Carroll			
Date of death	Month	Day	Years	Months	Days
1940	March	15	Age 74	7	11
Sex	Female	Color or Race	White	Birth-place	Balto. Co.
Occupation	Housewife	Where Residing if not at place of death	same		
Married, Single or Widowed	married	Name of Wife or Husband	Robert Lee		
Father's Name	Wm Barnett	Father's Birthplace	Balto. Co.		
Mother's Maiden Name	Elizabeth Crooks	Mother's Birthplace	Carroll Co.		
Name of person giving Information	Robt. Lee	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senile Dementia	
Immediate	Valvular Heart Disease	79
Are the name, age, sex, color, date and place correctly given above?	yes	How long
		-
	Signature of Physician	How long
	M. Morris	3 yrs
	Address	
	Eldersburg.	
X	Accident or Suicide?	no.



Name  
in  
Full

Annie Rider Linton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at Springfield State Hosp Carroll  
Month Day Years Months Days  
Date of death 1910 March 30 Age 73  
Sex Female Color or Birthplace  
Occupation Nurse Where Residing if not  
at place of death  
Married, Single or Widowed Widower Name of Wife or  
Husband  
Father's Name Washington Rider Birthplace  
Mother's Maiden Name Mary Hodges Birthplace  
Name of person giving Information Hospital Records  
How related to deceased

PHYSICIAN  
OR CORDNER

Primary

Senile Dementia

154

v

Immediate

Exhaustion

How long

5 years

Are the name, age, sex, color, date  
and place correctly given above?

yes

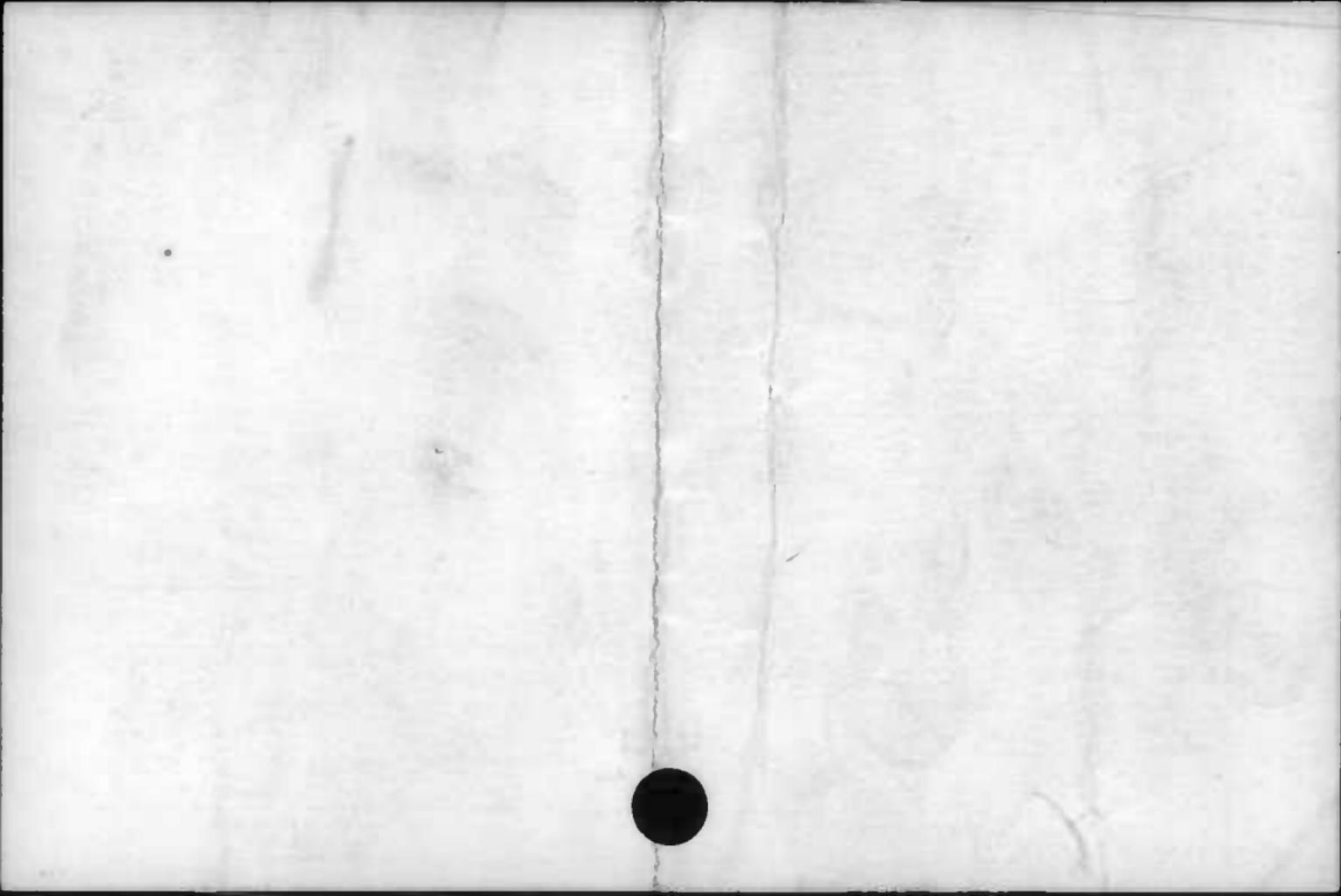
Signature of  
Physician

Address

E. H. Snarey  
Springfield State Hosp  
Sykesville, Md.

10

Accident or Suicide



Name  
in  
Full

Sophia Lustig

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Sykesville Town Carroll County MARYLAND

Date of death 1910 March 5th Age 42 Months Days

Sex Female Color or Raca White Birthplace Germany

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Maria Name of Husband Albert George Lustig

Father's Name John Dein Father's Birthplace Germany

Mother's Maiden Name Catherine Soprano Birthplace Germany

Name of person giving Information Albert George Lustig How related to deceased Husband

CAUSES OF DEATH

Primary General Paresis

Immediata Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of  
Physician

Address

John Norfolk Morris M.D.  
Springfield State Hospital  
Sykesville, Maryland

Accident or Suicide -

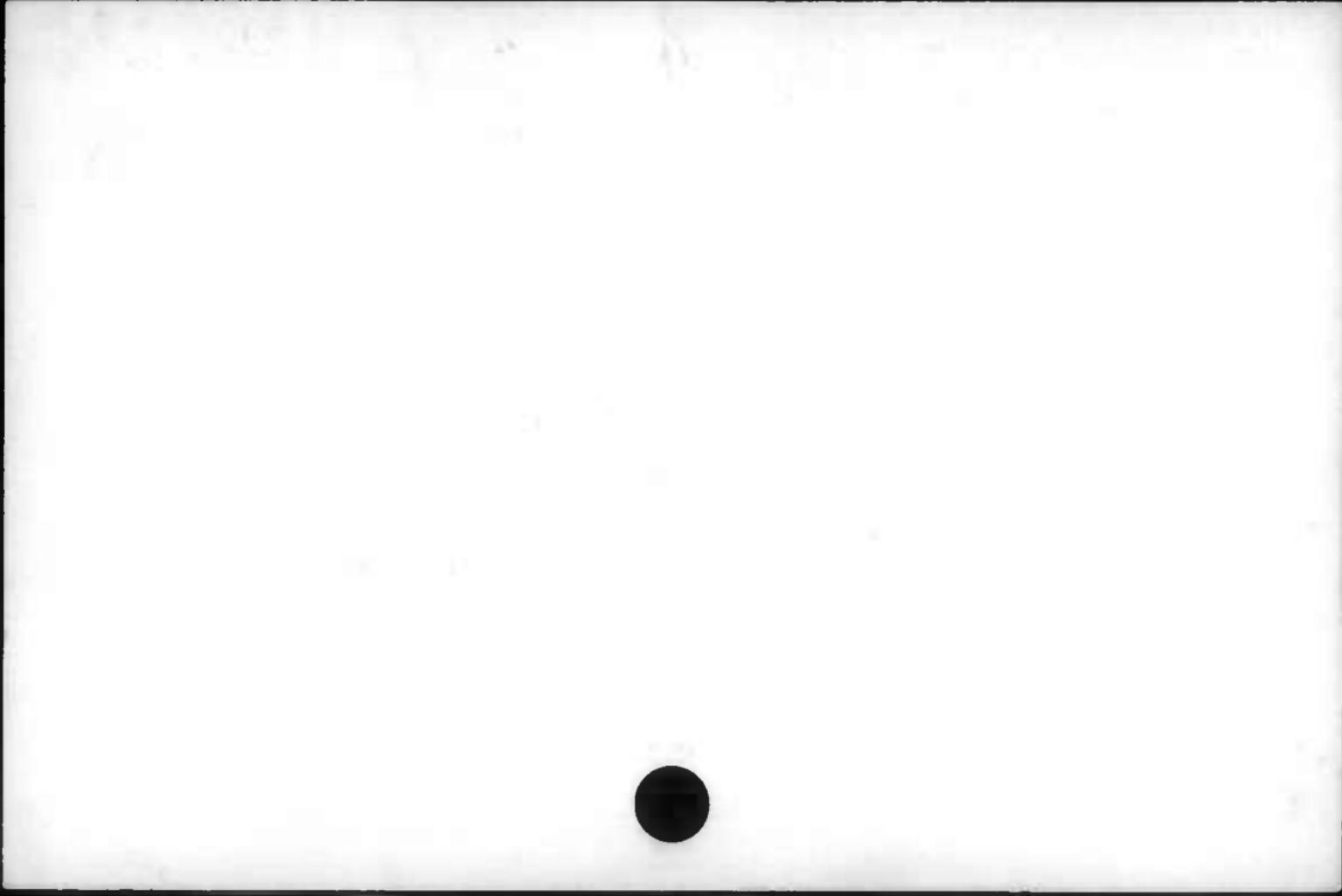
67

How long

5 years.

How long

Progressive



Name  
in  
Full

Robert R. Massicott

11575  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1968	Month Mar	Day 10	Years 1	Months 6	Days 2
Sex	Male	Color or Race	White	Birthplace	Maryland	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	James M. Massicott					Father's Birthplace
Mother's Maiden Name	Margret Lehrest					Mother's Birthplace
Name of person giving information	James M. Massicott					How related to deceased

CAUSES OF DEATH

Primary

Cataractal croup & pneumonia 12 days

Immediate

Respiratory Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

89

How long

How long

Accident or Suicide

St. John's Catholic Cemetery  
Stoner.

Name  
in  
Full

Lewis H. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Lineboro Town Carroll County  
Month 3 Dey 8 Years 83 Months 2 Days 1  
Date of death 1900

Sex Male Color or Race White  
Occupation Farmer

Where Residing if not  
at place of death

Birth-place Manchester Dist.  
Lineboro

Married, Single or Widowed Married Name of Wife or Husband Mary Magdalina Miller

Father's Name John Miller Father's Birthplace Carroll Co. Md.

Mother's Maiden Name Elizabeth Falke Mother's Birthplace Carroll Co. Md.

Name of person giving Information Mary L. Schaeffer How related to deceased Daughter

CAUSES OF DEATH

Primary

Softening of the Brain

Immediate

Paralysis

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. P. Albaugh

Address

Glen Rock, Pa.

P. H. D. #1

PHYSICIAN  
OR CORONER

I

Accident or Suicide

No.

65

How long

One Year

How long

48 hours



Name  
in  
Full

George W. Munnford

No 582  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Westminster Town Carroll County MARYLAND  
Date of death 1940 Month Mar Day 28 Age 51 Years 6 Months 6 Days 20  
Sex Male Color or Race White Birth-place Maryland  
Occupation Laborer Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Annie Munnford  
Father's Name George W. Munnford Father's Birthplace Maryland  
Mother's Maiden Name Annie Rice Mother's Birthplace Maryland  
Name of person giving Information George Munnford How related to deceased Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Gastric Disturbance Yes Signature of Physician George W. Munnford  
Address 103 W. 15th St. Baltimore  
Westminster Md.

Accident or Suicide

103

How long

How long

Thurmont Cemetery  
Stoney

Name  
in  
Full

Richard E. Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1900	Month Mar	Day 3	Age	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Hampstead		
Occupation	Where Residing if not at place of death			—			
Married, Single or Widowed	Single	Name of Wife or Husband		—			
Father's Name	Harry E Murray			Father's Birthplace	Hampstead		
Mother's Maiden Name	Lela A Miller			Mother's Birthplace	Balto. Md		
Name of person giving Information	H. Murray			How related to deceased	Father		

CAUSES OF DEATH

Primary

Malaria

189

How long

3 months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Sherman M.D.  
Manchester Md

PHYSICIAN  
OR CORONER

Accident or Suicide?

CP.

Name  
in  
Full

Elizabeth C. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1940	Month Mar.	Day 17	Years 66	11	Months	24 Days
Sex	Female	Color or Race	white		Birth-place	Carroll Co.	
Occupation	House-wife		Where Residing If not at place of death				
Married, Single or Widowed	married	Name of Husband	Joseph Myers				
Father's Name	Michael Babylon				Father's Birthplace	Carroll Co.	
Mother's Maiden Name	Mary Bell				Mother's Birthplace	Carroll Co.	
Name of person giving Information	Joseph Myers				How related to deceased	Husband.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Aortic Regurgitation

79

3 years

Immediate Cardiac failure

2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Chandos M. Beumer M.D.

Address

Ganeytown  
Md.

I

Accident or Suicide?



Name  
in  
Full

Norval Riley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at Springfield Hosp.		Covrall			
Date of death 1960	Month March	Day 14"	Age 70	Month	Days
Sex M	Color or Race White			Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Unknown				Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information	Hospital records				How related to deceased

## CAUSES OF DEATH

64

How long

Unknown

1 month

PHYSICIAN  
OR CORONER

Primary

Senile dementia

Immediate

Central hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

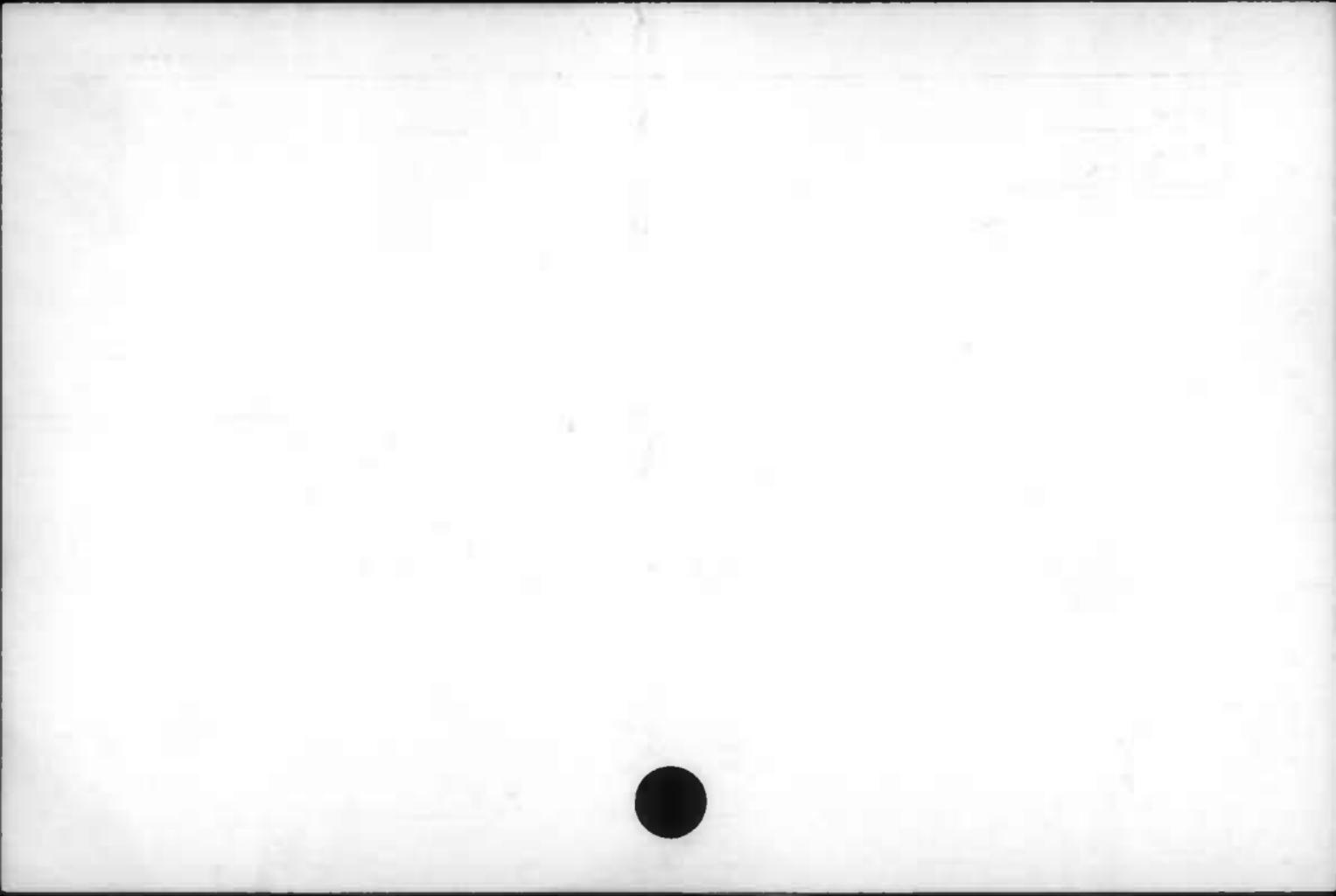
Chas. J. Conley

Lykewille Md.



Accident or Suicide

No



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Philip Jacob Ringman						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1930	Month 3	Day 9	Years 66	Months 3	Days X	
Sex	Male	Color or Race	White	Birth-place	Harney Md.		
Occupation	Carpenter		Where Residing if not at place of death	Hampstead, Md.			
Married, Single or Widowed	Widower	Name of Wife or Husband	Catherine L. Ringman				
Father's Name	Henry Ringman		Father's Birthplace	Hampstead			
Mother's Maiden Name	Clairly Shriver		Mother's Birthplace	Harney Md.			
Name of person giving information	Anita V. Vandiver		How related to deceased	Daughter			

CAUSES OF DEATH

Primary \_\_\_\_\_

How long \_\_\_\_\_

Immediate Sudden Heart Failure

How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Yrs.

Signature of Physician

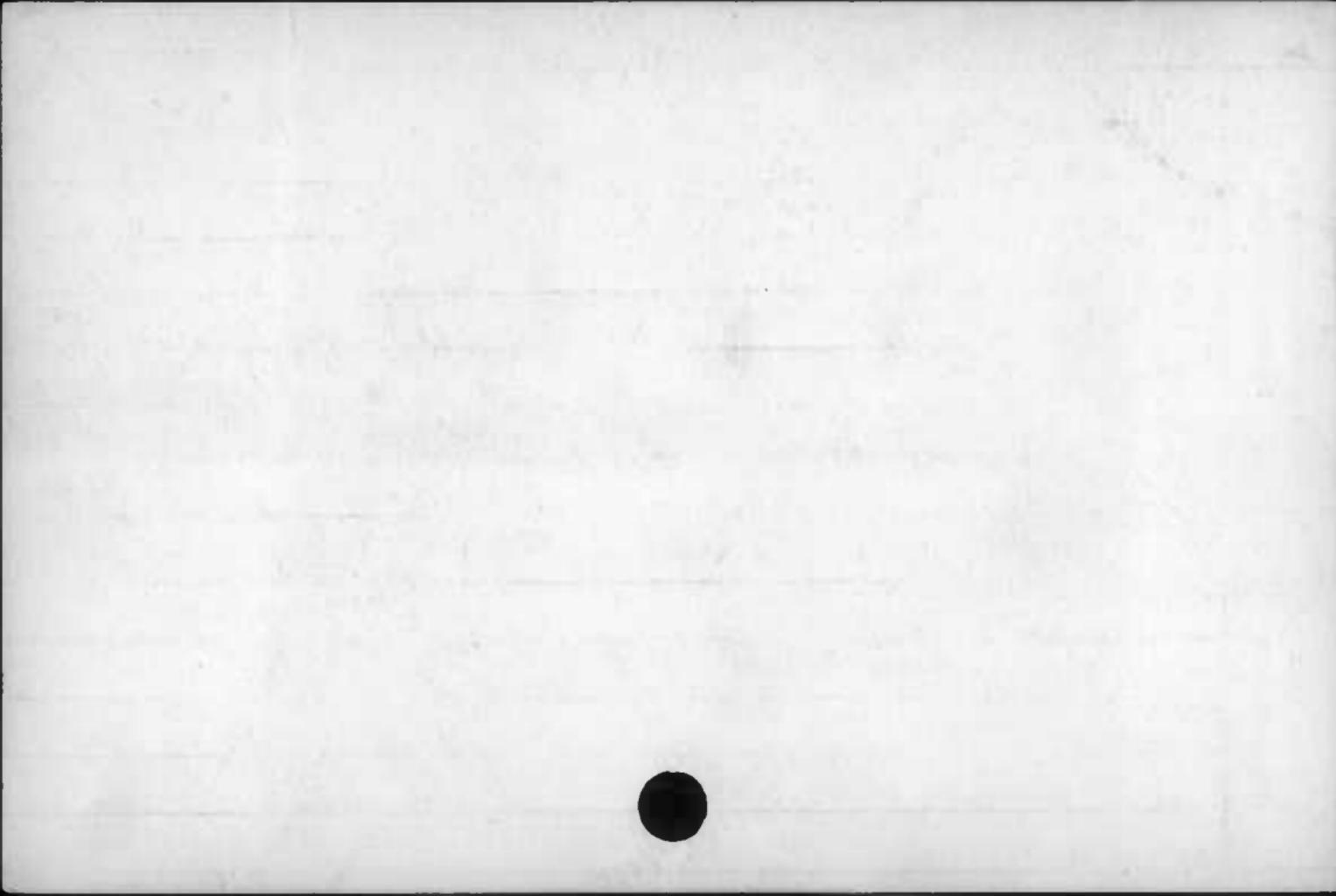
Address

Edgar M. Bush M.D.

Hampstead, Md.

Accident or Suicide?

No



Name  
in  
Full

Samuel Roop

No 577

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Westminster County Carroll MARYLAND  
Town Westminster Month March Day 16 Years 62 Months 4 Days 6  
Date of death 1950 Sex Male Color or Race White Birth-place Carroll Co. Md.  
Occupation Retired Farmer Where Residing if not at place of death —  
Married, Single or Widowed Widower Name of Wife or Husband Eugenia Cleveland (Deed)  
Father's Name John Roop, Jr. Father's Birthplace Carroll Co. Md  
Mother's Maiden Name Lydia Engel Mother's Birthplace Carroll Co. Md  
Name of person giving information Mrs. M. J. Woodward How related to deceased Sister

CAUSES OF DEATH

Primary Paralysis Agitans, Paresis & Nephritis How long 10 years  
Immediate Uremia & Oedema of Legs How long 2 days  
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician M. J. Woodward  
Address Westminster, Md.  
Accident or Suicide —

PHYSICIAN  
OR CORONER

Shaver  
Meadow Branch

Name  
in  
Full

Freeman Mc. Segafone

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Unintown</u>		Town <u>Carroll</u>		County		MARYLAND	
Date of death <u>1990</u>	Month <u>March</u>	Day <u>13</u>	Years <u>3</u>	Age <u>3</u>	Months <u>2</u>	Days <u>20</u>	
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u>Unintown</u>						
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>						
Father's Name <u>Wm Guy Segafone</u>				Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Pearl McAllister</u>				Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Rev. P. E. Englund</u>				How related to deceased <u>son</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cervical Cellulitis</u>	How long <u>One week</u>
Immediate <u>Meningitis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Lucius D. Seal</u>
	Address <u>Unintown, Md.</u>
Accident or Suicide? <u>I</u>	



Name  
in  
Full

Robert Mowen Reiff

10583

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town  
Died at Westmister

Date of death 1910 Month October Day 31

County  
carroll

MARYLAND

Years 3 Months 1 Days 11

Sex male

Color or  
Race

white

Birth-  
place Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Single  
Samuel Reiff

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Jennie Deagon

Mother's  
Birthplace

Penns

Name of person giving  
Information

Samuel Reiff

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Brown broken

74

How long

one month

Immediate

Span

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Joseph Billingsley

Westmister

Accident or Suicide

No

H Beaufort's cemetery

Name  
in  
Full

Anna J. Sellman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race	Birth-place					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Charles Sellman					
Father's Name	Alfred Bunker			Father's Birthplace		Md	
Mother's Maiden Name	Laura Perry			Mother's Birthplace		Md	
Name of person giving information	Mrs Ed. Bunker			How related to deceased		sister	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cardiac disease

79

How long

Years

Immediate Cardiac dilation

Indirectly

Are the name, age, sex, color, date and place correctly given above?

Yrs.

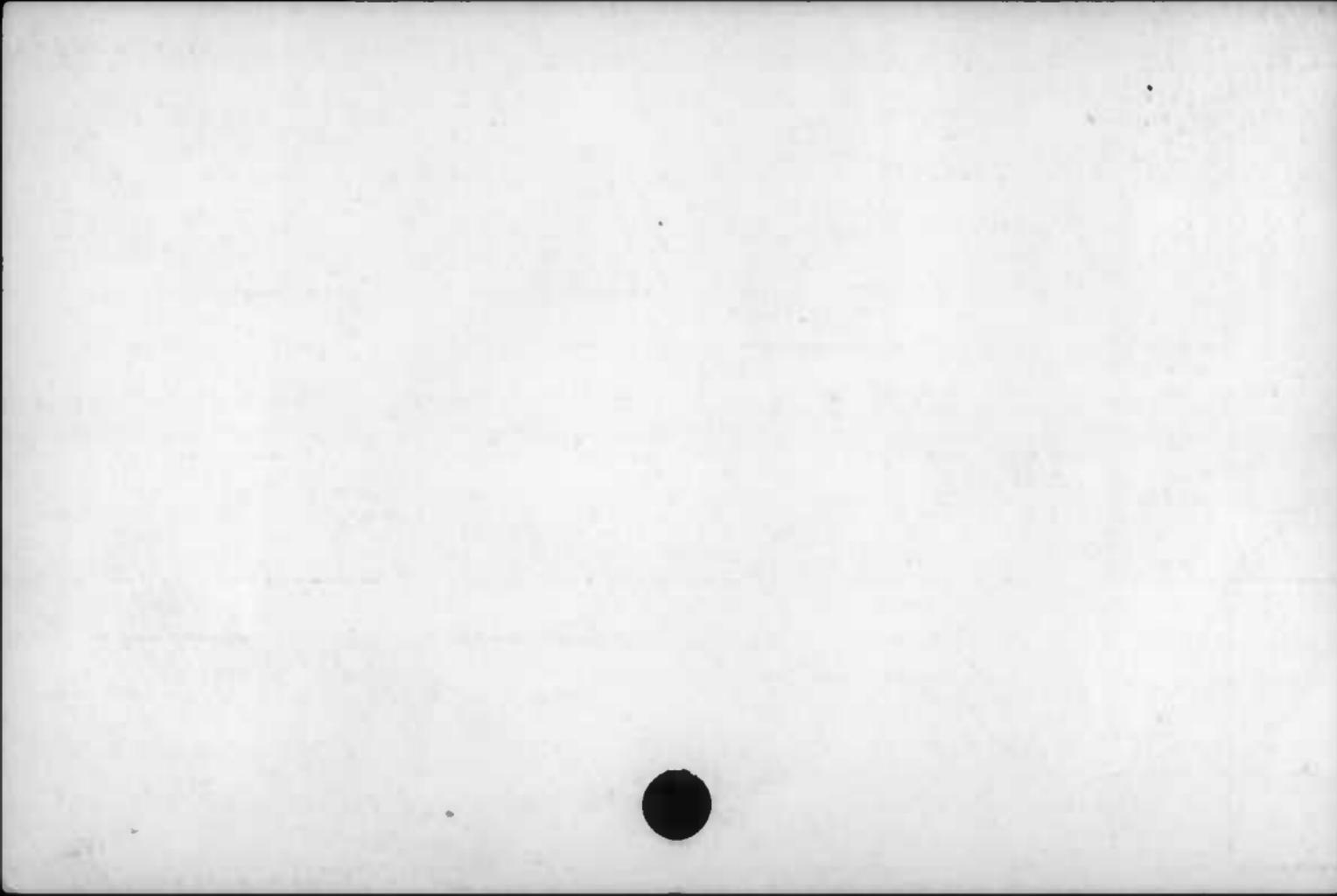
Signature of Physician

Ira E. Whetstone MD

Address

New Windsor  
Md

Accident or Suicide?



Name  
in  
Full

Margaret V B Stein

No 584  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Westminster Town Carroll County MARYLAND  
Date of death 1960 Month March Day 29 Age 72 Years 7 Months 0 Days 0  
Sex Female Color or Race White Birth-place Maryland  
Occupation House Wife Where Residing if not at place of death Saint Creek Md  
Married, Single or Widowed Married Name of Wife or Husband David E Stein  
Father's Name Jacob Wilt Father's Birthplace Maryland  
Mother's Maiden Name Elizabeth Franklin Mother's Birthplace Lev  
Name of person giving Information David E Stein How related to deceased Husband

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Chro. Interstitial Nephritis  
Immediate uraemia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

120

How long

How long

8 days.

D. H. Sullivan,  
Westminster, Md.



Accident or Suicide

Retired Ch. Scans Cray  
Shaver

Name  
in  
Full

Harry Joshua Stereuson

10579  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>town</sup> Westminster

County Carroll

MARYLAND

Date of death 1910 Month Mar Day 20 Age 26 Years

Months 4 Days 27

Sex Male Color or Race White

Birth-place Maryland

Occupation Conductor

Where Residing if not  
at place of death

Married, Single  
or Widowed Single Name of Wife or  
Husband

Father's Name Alfred Stereuson

Father's Birthplace Maryland

Mother's Maiden Name Helen Smigart

Mother's Birthplace Maryland

Name of person giving  
Information Alfred Stereuson

How related  
to deceased Father

CAUSES OF DEATH

Primary

Bright's Disease

130

How long

One year

Immediate

Uraemia

How long

One week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jas. H. Billingslea  
Westminster  
Md.

Accident or Suicide

no -

PHYSICIAN  
OR CORONER

St Benet's cemetery  
Stoners ✓

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Thomas, Mary, Catherine

Town

County

Died at

Sykesville

Baltimore

Date  
of death

1910

Month

3

Day

8

Years

-

MARYLAND

Month

8

Days

14

Sex

Female

Color or  
Race

W.

Birth-  
place

W.

Occupation

wom

Where Residing If not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Blanner Thomas

Father's  
Birthplace

W.

Mother's  
Maiden Name

Bethra Elizabeth Rhubottom

Mother's  
Birthplace

W.

Name of person giving  
Information

Blanner Thomas

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Bronch - Pneumonia



Immediate

one week

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. Frank Sear - W.  
Sykesville  
W.

KI

Accident or Suicide



Name  
in  
Full

Amelia A. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Brusherville Town Bassell County  
Date of death 1910 Month McP Day 30 Age 65 Years  
Sex Female Color or Race White Birth-place Adams Co., Pa  
Occupation Housewife Where Residing if not at place of death  
Married, Single or Widowed married Name of Wife or Husband William B. Walker  
Father's Name Stephan Gettier Father's Birthplace Adams Co., Pa  
Mother's Maiden Name Elizabeth Shyoder Mother's Birthplace "  
Name of person giving Information W. B. Walker How related to deceased Husband

PHYSICIAN  
OR CORONER

Primary

**CAUSES OF DEATH**  
Neuralgia perniciosa

Immediate

Dropsy heart failure

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

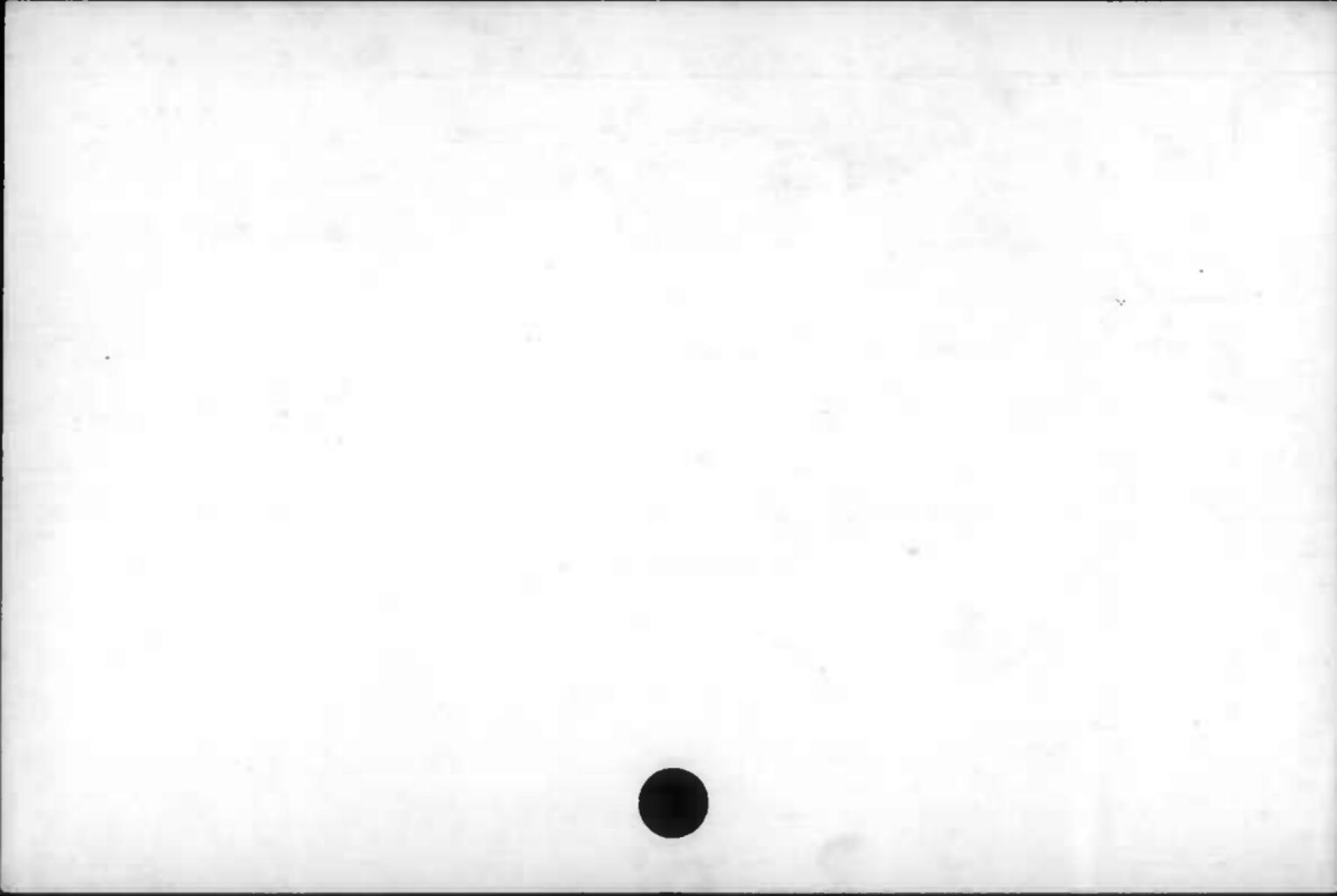
79

How long

How long

Accident or Suicide

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Lydia Hawpker ✓

571

CERTIFICATE OF DEATH

MARYLAND

Died at New Castle

Town

County

Date of death

1960

Month

Day

Years

Months

Days

March Fourth

Age

62

Eleven

20

Sex Female  
Occupation

Color or  
Race

White

Birth place Near Avondale

House Wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Amos Hawpker

Father's  
Name

David Englar

Father's  
Birthplace

Prestonland

Mother's  
Maiden Name

Louisa Englar

Mother's  
Birthplace

Meadow Branch

Name of person giving  
Information

Martha P. Englar

How related  
to deceased

Sister-in-law

CAUSES OF DEATH

Primary

Cancer involving body of uterus

42

How long

Three months

Immediate

Exhaustion

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John Brown

New Windsor

Maryland

Accident or Suicide

Shaver  
Madow Branch

Name  
in  
Full

Francis Neimert

No 574  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Westminster County carroll  
Date of death 10 Month mar Day 7 Age 1 Months 7 Days 2  
Sex Female Color or Race white Birthplace Maryland  
Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed Single Name of Wife or  
Husband

Father's Name Walter L. Neimert

Mother's  
Meiden Name Louise Witte

Name of person giving  
Information Walter L. Neimert

Father's  
Birthplace Maryland

Mother's  
Birthplace Maryland

How related  
to deceased Father.

Primary

CAUSES OF DEATH

Catarrhal Pneumonia

Immediate

"

"

92

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

L. K. Woodward,  
Graduate,  
Md

PHYSICIAN  
OR CORONER



Accident or Suicide

no

St Benjamins Reform Cemetery  
Stone.

Name  
in  
Full

John Whitehill

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at Union Bridge		Carroll			
Date of death 1960	Month 3	Day 17	Years 59	Months 4	Days 18
Sex Male	Color or Race white	Birthplace Fred. Co. Md			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Susan Whitehill				
Father's Name John Whitehill	Father's Birthplace Md				
Mother's Maiden Name Barbara Worman	Mother's Birthplace Md				
Name of person giving Information Susan Whitehill	How related to deceased Wife				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Arterio Sclerosis

81

How long

3 years

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

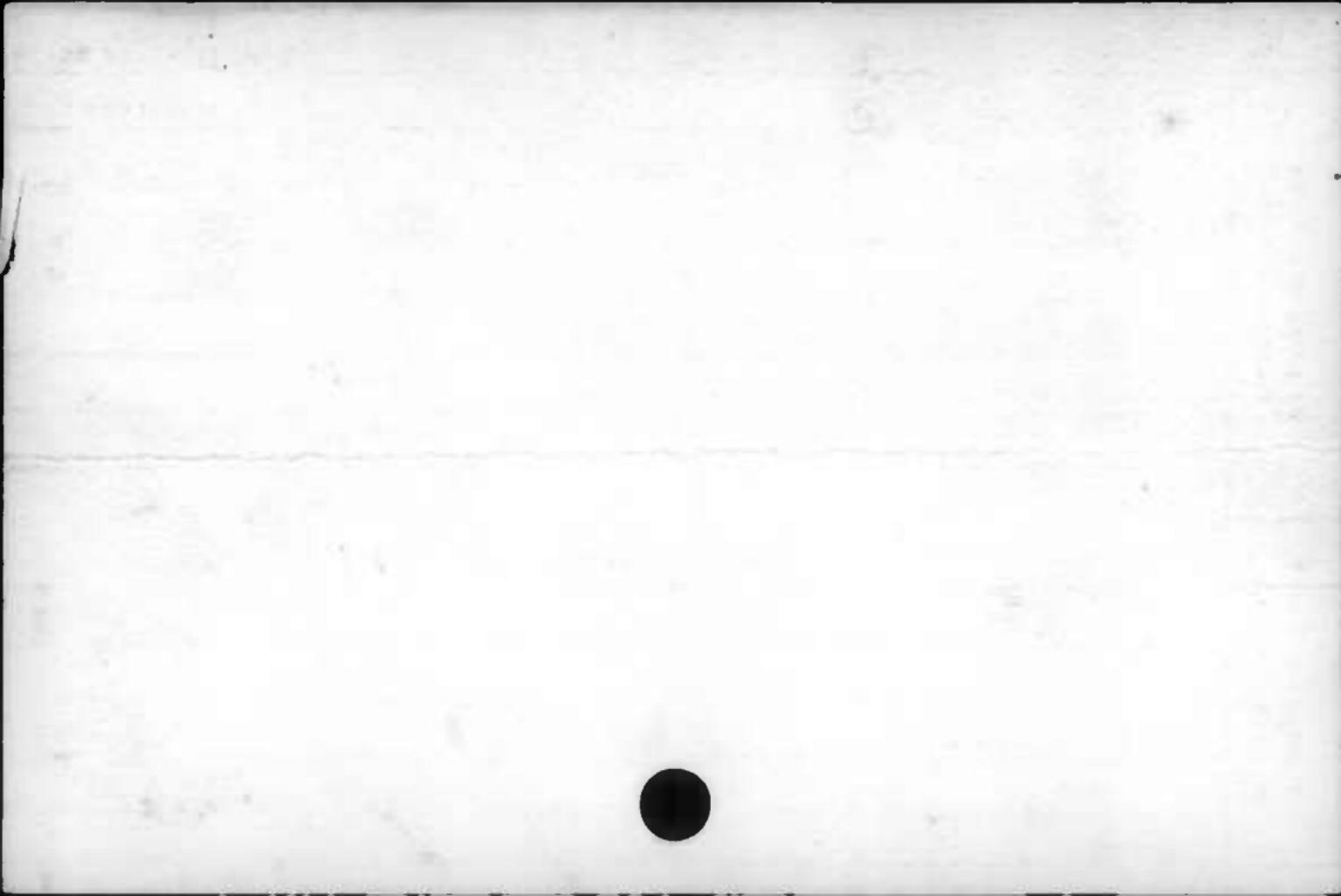
Signature of Physician

Address

Dra C Whitehill

New Windsor Md

Accident or Suicide



Name  
in  
Full

John Thomas Wilson

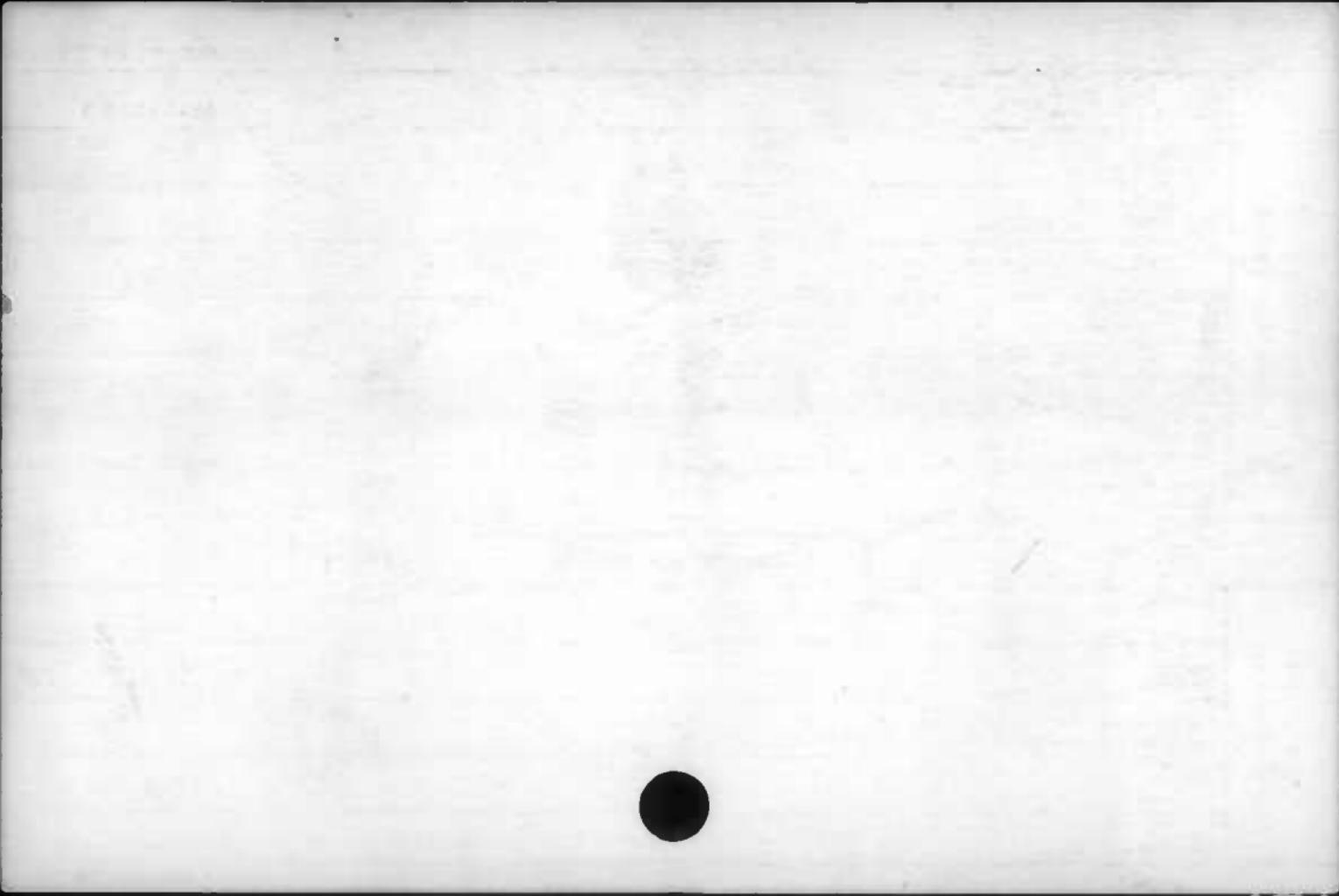
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town Died at Bank Street		County Carroll		MARYLAND			
Date of death 1900	Month 3	Day 16	Age 84	Years 84	Months 11	Days 28	
Sex Male	Color or Race white	Birth- place 711d.					
Occupation Laborer	Where Residing if not at place of death with Son						
Married, Single or Widowed Married	Name of Wife or Husband Angelie Claons		Father's Birthplace unknown				
Father's Name unknown					Mother's Birthplace unknown		
Mother's Maiden Name unknown					How related to deceased 154		
Name of person giving Information							

CAUSES OF DEATH		154
Primary Senile Decay	How long —	
Immediate same	How long 2 months	
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician G.H. Legg	Address Union Bridge, Md
Accident or Suicide no		



Theodore L. Zeffi

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Emilie J. Miller				
Father's Name	Lawrence Zeffi					Father's Birthplace
Mother's Maiden Name	Sarah Ann Cook					Mother's Birthplace
Name of person giving Information	Emilie J. Zeffi					How related to deceased

## CAUSES OF DEATH

1

Primary	Typhoid Fever	How long
Immediate		How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

O. M. Sullivan  
Westminister Md.

Accident or Suicide?

Shaver  
Westmoreland County